

Medical Record Request

1255 Hwy 46, Shelby, AL
35143, USAsample@osdb.io
sample@site.com

Date: Feb 17, 2026

Time: 05:32 pm

Attn: **Null Home Respiratory Solution
s, Inc.**
Address: 555 E NORTH LN STE 5075,
CONSHOHOCKEN, PA 19428

Phone: -
Fax: (773)-273-7568

Re: **Paul Ferguson****REQUESTING MEDICAL RECORDS FROM YOU****URGENT****Release of Information****Appointment Details**

Patient: Paul Ferguson *

Appointment Date: Oct 10, 2025

Amount: \$7.74

Comment: dd

We are requesting medical records related to the above appointment in order to complete and process an insurance claim on behalf of the patient.

Please include the following documents if available:

- Visit summary / encounter notes
- Diagnoses (ICD-10 codes)
- Procedures performed (CPT codes)

Submit by fax at 1233455666 or email to sample@osdb.io

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